DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10010131

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EMBEDDED MEASUREMENT VALUES IN MEDICAL REPORTS

the specification of which is attached hereto unless the following box is checked:

() was filed on _____ as US Application Serial No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C 119
			YES. ___ NO. ___
			YES. ___ NO. ___

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022878

Place Customer Number Bar Code Label here

Send Correspondence to:
AGILENT TECHNOLOGIES
Legal Department, 51U-PD
Intellectual Property Administration
P.O. Box 58043
Santa Clara, California 95052-8043

Direct Telephone Calls To:

Heath E. Wells

(202) 434-1500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Robert ARLING **Citizenship:** United States

Residence: 3000 Minuteman Road, MS 90

Post Office Address: Andover, MA 01810

Inventor's Signature **Date**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10010131

Full Name of # 2 joint inventor: Brian A. COLLAMORE Citizenship:

Residence:

Post Office Address:

Inventor's Signature Date

Full Name of # 3 joint inventor: Sarah E. JORDAN Citizenship:

Residence:

Post Office Address:

Inventor's Signature Date

Full Name of # 4 joint inventor: Sheila FILTEAU Citizenship:

Residence:

Post Office Address:

Inventor's Signature Date

Full Name of # 5 joint inventor: Citizenship:

Residence:

Post Office Address:

Inventor's Signature Date

Full Name of # 6 joint inventor: Citizenship:

Residence:

Post Office Address:

Inventor's Signature Date

Full Name of # 7 joint inventor: Citizenship:

Residence:

Post Office Address:

Inventor's Signature Date

Full Name of # 8 joint inventor: Citizenship:

Residence:

Post Office Address:

Inventor's Signature Date